MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC HEALTH AND WELFARE ALCO DEPARTMENT OF PUBLIC HEALTH AND WELFARE AND WELFARE A							
DO NOT WRITE ON THIS STUB		MENDE			Registration, District No. Primary Registration District No. Registrat's No.	E NUMBER	
VS 300	ا وا			-	1. PLACE OF DEATH Jackson 2. USUAL RESIDENCE (Where deceased lived. If institute a COUNTY; Jackson 3. STATESOURI b. COUNTY Jackson	ion: Residence before admission)	
Rev. 4/59	AMENDED			l	b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b C. CITY	Inside Limits Yes No □	
1				1-	c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location)	Reside on Farm	
2968z	DATE			l_	HOSPITAL OR General Hospital. Yes 🛣 No □ ADDRESS 8107 Olive	Yes 🗋 No 🖾	
3				3	3. Name of Deceased Fict Raynsford August Thompson OF December 27	7ay 1962 Year	
4 <i>O</i> 5 3.				-	5. SEX	YEAR IF UNDER 24 HR ays Hours Min.	
6	2] ¬	Os. USUAL OCCUPATION (Give kind of work done IOb. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (City and state or country) I2. CITIZEN ITON Worker Self Lawrence, Kansas U.S.	OF WHAT COUNTRY	
7 1	CILOW	11			3a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR		
18 j					Carm Thompson Unknown 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	<u>n</u>	
0 1000	3			Ċ	Yes, No runknown) (If yes, give wer or dates of servity Mary Brown 4507 Forest		
10	Ž.		Ä	l –	18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH	
11	EAD OF		DOCUMENT	ı	IMMEDIATE CAUSE (a) Carcinomatosis		
125-7-0	EAD		ŏ	ı	Conditions, if any, DUE TO (b)		
13	INSTEAD		_		which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)		
	5			NO 1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	ied was female was regnancy in last 90 days.	
:-				CERTIFICATION	19. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART 1 or PA	No Unknown	
	AMENDMEN I				19. WAS AUTOPSY 20. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART 1 or PAPER PERFORMED? YES NO. 10 10 10 10 10 10 10 10 10 10 10 10 10	KI II OT HEM 10.)	
K INK				MEDICAL	20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.		
					20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, WHILE AT WORK farm, factory, street, office bldg., etc.)	STATE	
LAC TER	READ			lis	21. I attended the deceased from 12-27-62 and last saw her him alive on 12-27		
E B				뗩	Death occurred at 6:00 of the date stated above, and to the best of my knowledge, from		
USE BLAC OR IYPEWRITER	SHOULD	•	i o	ank	22a. SIGNATURE (Degree witte) 22b. ADDRESS 2400 Cherry	12-27-62	
	\sqcup	+	DAVIT		3a. BURIAL CREMATION, 23b. DATE 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)	(State)	
	A NO.		AFFIDA		Burial 12/29/1962 Maple Hill Cemetery Kansas City, Kansas 4. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGUSTRAR'S SIGNATURE		
	ITEM		BY	E	Carp & Sons Mortuary Kansas City 12-28-62 Auth	ong	
'	• '	• !			(Licensed Embalmer's Statement on Reverse Side)	$\overline{\sigma}$	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me, is
or by	, Student Embalmer No
working under my personal supervision.	11 C
Student	_ Signed William of Carp
Signature of Student Embalmer	$oldsymbol{v}$
	Licensed Embalmer No. 4728
	20 mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.